

Maternal MORTALITY REPORTS

These case reports are taken from the files of the State Department of Public Health which, together with the California Medical Association, now sponsors the statewide studies of all maternal mortalities. Selected cases are here presented from time to time as a matter of interest and illumination to all physicians concerned with the practice of obstetrics. They are prepared by the Committee on Maternal and Child Care. It is hoped that a review of such significant cases will help to improve the welfare of future California mothers.

CASE 3

THE PATIENT was a 27-year-old gravida 7, para 5, with five living children. She had been married ten years and had had one previous criminally induced abortion, three years before her death.

With the present pregnancy, approximately four and a half months in duration, the patient was first seen by a physician approximately two hours after her death at the private home of an admitted abortionist. The physician made out the death certificate and notified the police. When they arrived, they found no instruments on the premises other than a catheter.

Following are the significant findings of the coroner's autopsy, performed three or four hours after death: There was a pronounced crepitation of the anterior abdominal wall; and upon incision of the abdomen, frothy blood exuded from the vessels in the subcutaneous fat. All the large blood vessels of the body, including those of the brain, contained frothy blood admixed with numerous small gas bubbles; and the heart was filled with a sanguinous foam composed almost entirely of gas bubbles. The ovaries and tubes were normal. Numerous dilated veins in the broad ligament contained many gas bubbles. The uterus was symmetrically enlarged to a level three fingerbreadths below the umbilicus, and contained an amniotic sac in which was a fetus 20 centimeters long from crown to heel. The placenta, measuring 8x9 centimeters, was attached

in the midline in the uterine fundus. In the midline at the posterior placental margin was a 1 centimeter laceration of the decidua; this was contiguous with a 7x3 centimeter marginal placental separation just above. In the depths of this area of separation were several large, empty venous sinusoids, 1 to 2 millimeters in diameter. There was a soft blood clot in the decidual laceration, on the posterior wall and in the vagina. There were numerous fresh, small petechial hemorrhages in the posterior midline of the endocervical canal but no evidence of trauma to the external cervical os or to the vaginal fornices.

The autopsy diagnosis was:

1. Air embolism, massive, generalized, due to—
2. Marginal placental separation, traumatic.

COMMENTS

This tragic case is of interest from the point of view of the unusual degree of air embolism presumably produced by minimal intrauterine trauma. More than that, however, it reemphasizes the persistent problem of criminal abortion in the United States. As with this patient, the problem is principally seen among married, parous women rather than among unmarried girls. Moreover, because of the advances of modern medicine, the public has tended to take an increasingly unconcerned view of the dangers of criminal abortion. This case unhappily illustrates the fallacy of that attitude.

